Supplemental Material

Standards for Reporting Qualitative Research (SRQR)*

http://www.equator-network.org/reporting-guidelines/srqr/

Title and abstract

	Page,line no(s)
Title - Concise description of the nature and topic of the study identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	Manuscript. Page 1, line 1-2.
Abstract - Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	Manuscript. Page 2, line 1-33.

Introduction

Problem formulation - Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	Manuscript. Page 3, line 16 – page 4, line 16.
Purpose or research question - Purpose of the study and specific objectives or questions	Manuscript. Page 4, line 16 - line 29

Methods

Qualitative approach and research paradigm - Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/ interpretivist) is also recommended; rationale**	Manuscript. Page 4, line 32 – page 5, line 4
Researcher characteristics and reflexivity - Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	Manuscript. Page 5, lines 6 – 10.
Context - Setting/site and salient contextual factors; rationale**	Manuscript. Page 5, lines 12 – 16.
Sampling strategy - How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale**	Manuscript. Page 5, lines 18 – 27.
Ethical issues pertaining to human subjects - Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	Manuscript. Page 17, lines 4 – 9.

Data collection methods - Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale**	Manuscript. Page 5, line 29 – page 7, line 13.
Data collection instruments and technologies - Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study	Manuscript. Page 5, line 29 – page 7, line 13.
Units of study - Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	Manuscript. Page 5, line 29 – page 7, line 13.
Data processing - Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/de-identification of excerpts	Manuscript. Page 5, line 29 – page 7, line 13.
Data analysis - Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale**	Manuscript. Page 5, line 29 – page 7, line 13.
Techniques to enhance trustworthiness - Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale**	Manuscript. Page 5, line 29 – page 7, line 13.

Results/findings

Synthesis and interpretation - Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory	Manuscript. Page 7, line 16 – page 12, line 16.
Links to empirical data - Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings	Manuscript. Page 7, line 16 – page 12, line 16.

Discussion

Integration with prior work, implications, transferability, and contribution(s) to the field - short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/generalizability; identification of unique contribution(s) to scholarship in a discipline or field	Manuscript. Page 12, line 17 – page 15, line 23.
Limitations - Trustworthiness and limitations of findings	Manuscript. Page 15, line 25 – page 16, line 11.

Other

Conflicts of interest - Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed	Page 16, line 31
Funding - Sources of funding and other support; role of funders in data collection, interpretation, and reporting	Page 16, lines 28-29

*The authors created the SRQR by searching the literature to identify guidelines, reporting standards, and critical appraisal criteria for qualitative research; reviewing the reference lists of retrieved sources; and contacting experts to gain feedback. The SRQR aims to improve the transparency of all aspects of qualitative research by providing clear standards for reporting qualitative research.
**The rationale should briefly discuss the justification for choosing that theory, approach, method, or technique rather than other options available, the assumptions and limitations implicit in those choices, and how those choices influence study conclusions and
transferability. As appropriate, the rationale for several items might be discussed together.
Reference: O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. **Standards for reporting qualitative research: a synthesis of recommendations.** *Academic Medicine*, Vol. 89, No. 9 / Sept 2014 DOI: 10.1097/ACM.0000000000000388

Focus Group Interview Script (Micro Level)

1. Attitude and Organization:

From your point of view:
- Can you describe how your health care center operates?
- How is it organized?
- What are the health objectives, if any, and who defines them?
- What are the health care center's priorities?
- Are there internal activities developed at the health care center?
- How do you view the community pharmacy? Opinions on the establishment, the activities it performs, and its external image.
- Do you currently have any contact with the community pharmacy / health care center?

2. Integration:

The patient is between health centers and community pharmacies; in fact, we share the same patients:
- Do you think there should be closer communication between community pharmacy professionals and health center staff?
- In this regard, would an integration of community pharmacies with health care centers be possible?
- What do you understand by the concept of “integration” of community pharmacies with health care centers?

3. Interventions and Strategies:

If we decide to work on bringing the two groups closer together (integration / cooperation / coordination / collaboration), we would have to design an action protocol.

- In general terms, what would this protocol consist of?
- Do you have experiences of collaboration with the community pharmacy / health care centers?
- Some possible actions have been identified in the literature / previous groups:
  - Implementation of an interprofessional communication program, preferably bidirectional.
  - Participation in meetings or clinical sessions at health care enters.
  - Sharing of action protocols. For example, referral to the doctor from the pharmacy, or actions like blood pressure measurement in the pharmacy, etc.
  - Reinforcement of messages sent from the health care center and the community pharmacy. For instance, attempting to make them common or shared objectives.
  - Other joint activities such as health campaigns.
- How could we achieve greater mutual knowledge, more interprofessional trust, and more coordinated activities?

4. Outcomes:

- What can be expected from the interventions and/or activities that are implemented?
- What could be the barriers and their causes?
- What red lines should not be crossed and what basic objectives should be achieved?

5. Stakeholders:

- Who do you think should primarily participate in the development of an integration protocol, if it is carried out?
- If there is a list, which would be the most critical/important of all?

Semi-Structured Interview Script (Meso and Macro levels)

1. Regarding Community Pharmacy:

- From your position, do you have any relationship with Community Pharmacy? What kind?
- What is your opinion of community pharmacists and Community Pharmacies?
- Pharmacists claim they are clinical, social, and digital. Beyond dispensing medications, what role do you think Community Pharmacy plays? And what do you believe should be their professional role?
- Do you think community pharmacists are considered, in practice, part of the Valencian health system?
- Why do you think Community Pharmacies feel that, for instance, during the pandemic, they were not involved, or at least, not as much as they would have liked?
- Community pharmacists advocate for providing clinical services such as therapeutic adherence, pharmaceutical indications, pharmacotherapeutic follow-up... From your perspective, what is your opinion on this movement seeking new professional roles?

2. Integration:

- As you know, we are carrying out a project to integrate community pharmacy into the Valencian health system, focusing more specifically on primary care.
- From your point of view, do you think a closer relationship between the pharmaceutical organization and the Valencian Health Service would be beneficial? Or do you believe it is better to maintain the current situation, which we could call separation, fragmentation or absolute autonomy of both groups? Why?
- In what sense would that closer relationship be beneficial? For what purpose?
- In what area do you think that closer relationship could be useful?
- What would be the advantages of a closer relationship in structural aspects (such as access to clinical history; bidirectional communication tools, etc.) or professional activities (joint activities such as attendance at clinical sessions, or shared objectives)?

3. Interventions and Strategies

- If an approach between community pharmacy and primary care were proposed, what joint activities should be considered? What stakeholders would be key in designing an action/research protocol?
- During the literature review, some themes have emerged that seem necessary to reconsider/evaluate, such as:
    - The development of an electronic communication tool between community pharmacy and health care centers that would be bidirectional.
    - The possibility that community pharmacists could change pharmaceutical forms (capsules to tablets...)
    - The possibility that community pharmacists could access the pharmacotherapeutic record to be able to focus pharmaceutical indications in the most correct way.
    - The possibility that Community Pharmacy could register tests performed in the pharmacy in the patient's history.
    - The need to somehow remunerate the health services offered from the Community Pharmacies (public-private problem).
- What do you think of all this? Do you believe these would be interesting changes to make? How could such changes be approached? What actions do you think would be necessary?